

SURVEY ITEM & SELF-ASSESSMENT				
SERVICE STANDARD 17E : ALLIED HEALTH PROFESSIONAL SERVICES - AUDIOLOGY SERVICES				
	<p>PREAMBLE <i>Audiology Services are provided by Audiologists who are certified professionals in accordance to Allied Health Professions Act 2016; engaged in an autonomous practice to promote healthy hearing, communication competency, and quality of life for persons of all ages. Audiologist involved in the provision of prevention, identification, assessment, rehabilitation and research of hearing, peripheral or central auditory function, vestibular, balance, and other related systems.</i></p>			
<p>TOPIC 17E.1:</p> <p>STANDARD 17E.1.1</p>	<p>ORGANISATION AND MANAGEMENT</p> <p><i>The Audiology Services shall be organised and administered by qualified Audiologists to provide a high standard of audiological service to patients/clients. The services shall encompass the provision of hearing care requirements of all patients in accordance with accepted standards of practice of the profession. In some instances, these services may be collaborated with external sources as well as other rehabilitative services.</i></p>			
	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT
				SURVEYOR RATING
17E.1.1.1	<p>Vision, Mission and values statements of the Facility are accessible. Goals and objectives that suit the scope of the Audiology Services are clearly documented and measurable that indicates safety, quality and patient centred care. These reflect the roles and aspirations of the service and the needs of the community. These statements are monitored, reviewed and revised as required accordingly and communicated to all staff.</p>			
	EVIDENCE OF COMPLIANCE	<p>1. Vision, Mission and values statements of the Facility are available, endorsed and dated by the Governing Body.</p> <p>2. Goals and objectives of the Audiology Services in line with the Facility statements are available, endorsed and dated.</p> <p>3. These statements are communicated to all staff (orientation programme, minutes of meeting, etc)</p>		
	Facility Comments:			

	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS	
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
17E.1.1.2 CORE	There is an organisation chart which: a) provides a clear representation of the structure, functions and reporting relationships between the Person In Charge (PIC), Head of Audiology Services, consultants, medical practitioners and staff of Audiology Services; b) is accessible to all staff and clients; c) includes off-site services if applicable; d) is revised when there is a major change in any of the following: i) organisation; ii) functions; iii) reporting relationships; iv) staffing patterns.			
	EVIDENCE OF COMPLIANCE			
	1. Clearly delineated current organisation chart with line of functions and reporting relationships between the Person In Charge (PIC), Head of Audiology Services, consultants, medical practitioners and staff of Audiology Services.			
	2. Organisation chart of the service is endorsed, dated and accessible.			
	3. The organisation chart is revised when there is a major change in any of the items (d)(i) to (iv).			
	Facility Comments:			
17E.1.1.3	The Governing Body shall ensure that Audiology Services are organised in such a way as to: a) facilitate the provision of audiology services to patients in the Facility in a safe, efficient, effective, and caring manner and with due regard for the needs, dignity and privacy of patients and confidentiality of their personal information; b) assure the continuity of care; c) address the professional needs of audiology staff; d) ensure that the relevant staff are involved in the formulation of policies and procedures concerning patient hearing care appropriate to the scope of services of the Facility.			

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				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
	EVIDENCE OF COMPLIANCE	1. The Audiology Services is organised to cover activities but not limited to items (a) to (d) through: a) work assignment schedule to ensure service provision; b) competent staffing level to provide the necessary c) record on continuity of care in patient's medical treatment record; d) Professional Development Plan.			
	Facility Comments:				
17E.1.1.4	EVIDENCE OF COMPLIANCE	Regular staff meetings are held between the Head of audiology Service and staff with sufficient regularity to discuss issues and matters pertaining to the operations of the Audiology Services. Minutes are kept; decisions and resolutions made during meetings shall be accessible, communicated to all staff of the service and implemented. 1. Minutes are accessible, disseminated and acknowledged by the staff. 2. Attendance list of members with adequate representatives of the service. 3. Frequency of meetings as scheduled. 4. Discussion and resolutions are implemented (Problems not solved to be brought forward in the next meeting until resolved).			
	Facility Comments:				
17E.1.1.5	EVIDENCE OF COMPLIANCE	The Head of Audiology Services is involved in the planning, justification and management of the budget and resource utilisation of the services. 1. Minutes of Facility-wide management meeting 2. Documented evidence on request for allocation of budget and resources (staffing, equipment, etc) for the service. 3. Approved budget and resources.			
	Facility Comments:				

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17E.1.1.6	The Head of Audiology Services is involved in the appointment and/OR assignment of the staff.							
		1. Appointment/assignment letter of Head of audiology						
		2. Job description of Head of audiology						
		3. Records of staff deployment						
	Facility Comments:							
17E.1.1.7	Appropriate statistics and records shall be maintained in relation to the provision of Audiology Services and used for managing the services and patient care purposes.							
	EVIDENCE OF COMPLIANCE	1. Records are available but not limited to the following:						
		a) workload/census;						
		b) annual report;						
		c) accident/incident reports;						
		d) staffing number and staff profile;						
		e) staff training records;						
		f) data on performance improvement activities, including performance indicators.						
	Facility Comments:							

SURVEY ITEM & SELF-ASSESSMENT					
TOPIC 17E.2:	<u>HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT</u>				
STANDARD <u>17E.2.1</u>	<i>The Audiology Services shall be directed and adequately staffed by qualified and experienced staff to achieve the goals and objectives of the Audiology Services and ensure continuing education and professional development.</i>				
	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS		
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
17E.2.1.1 CORE	The Head of Audiology and staff of the Audiology Services shall be individuals qualified by education, training, experience and certification to commensurate with the requirements of the various positions. All audiologist shall be registered following the requirements of the Allied Health Professions Act.				
	EVIDENCE OF COMPLIANCE	1. Records on credentials of Head of Service and staff required to fill up the posts within the service (to match the complexity of the Facility and services) and registration (valid Annual Practising Certificate).			
		2. Appointment/assignment letters			
		3. Certification / current practicing certificate			
		4. Training and competency records including privileging			
	Facility Comments:				
17E.2.1.2	The authority, responsibilities and accountabilities of the Head of Audiology Services are clearly delineated and documented.				
	EVIDENCE OF COMPLIANCE	1. Appointment letter for Head of audiology services,			
		2. Description of duties and responsibilities.			
	Facility Comments:				

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			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
17E.2.1.3 CORE	Sufficient number of audiologists and support staff with appropriate qualifications shall be employed to enable the services to meet the documented purposes. Relevant support staff shall work only under supervision of a qualified audiologist.			
	EVIDENCE OF COMPLIANCE			
	1. Number of staff and qualification should commensurate with workload and regulatory requirements.			
	2. Audiologist and support staff with appropriate qualifications, training and experience are available.			
	3. Staffing pattern			
	4. Duty roster			
	5. Census and statistics			
	Facility Comments:			
17E.2.1.4	There are written and dated specific job descriptions for all categories of staff that include: a) qualifications, training, experience and certification required for the position; b) lines of authority; c) accountability, functions and responsibilities, d) reviewed when required and when there is a major change in any of the following: i) nature and scope of work; ii) duties and responsibilities; iii) general and specific accountabilities; iv) qualifications required and privileges granted; v) staffing patterns; vi) Statutory Regulations. e) administrative and clinical functions.			
	EVIDENCE OF COMPLIANCE			
	1. Updated specific job description is available for each staff that includes but not limited to as listed in (a) to (e).			
	2. Job description/ my portfolio includes specialisation skills			
	3. Relevant privileges granted where applicable			
	4. The job description is acknowledged by the staff and signed by the Head of Service and dated.			
	Facility Comments:			

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17E.2.1.5	Personnel records on training, staff development, leave and others are maintained for every staff. Note: Staff personal record may be kept in Human Resource Department as per Facility policy.						
	EVIDENCE OF COMPLIANCE	1. Staff personal records include:					
		a) staff biodata;					
		b) qualification and experience;					
		c) training record;					
		d) competency record and privileging;					
		e) leave record;					
		f) confidentiality agreement.					
	Facility Comments:						
17E.2.1.6	There is a structured orientation programme where new staff are briefed on their services, operational policies and relevant aspects of the Facility to prepare them for their roles and responsibilities.						
	EVIDENCE OF COMPLIANCE	1. Policy requiring all new staff to attend a structured orientation programme.					
		2. Records on structured orientation programme					
		3. Orientation Brief					
		4. List of attendance					
	Facility Comments:						
	17E.2.1.7	There is evidence of training needs assessment and staff development plan which provides the knowledge and skills required for staff to maintain competency in their current positions and future advancement.					
		EVIDENCE OF COMPLIANCE					1. Training needs assessment is carried out and gaps identified.
2. A staff development plan based on training needs assessment is available.							
3. Training schedule/calendar is in place.							
4. Training module							
Facility Comments:							

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17E.2.1.8	There are continuing education activities for staff to pursue professional interests and to prepare for current and future changes in practice.					
	EVIDENCE OF COMPLIANCE	1. Continuing education activities and schedule				
		2. Contents of training programme				
		3. Training records on continuing education activities are kept and maintained for each staff.				
		4. Certificate of attendance/degree/post grad training				
	Facility Comments:					
17E.2.1.9	Staff receive evaluation of their performance at the completion of the probationary period and annually thereafter, or as defined by the Facility.					
	EVIDENCE OF COMPLIANCE	1. Performance appraisal for staff is completed upon probationary period and as an annual exercise.				
		Facility Comments:				
17E.2.1.10	In a Facility where education programme are conducted, the Facility shall ensure that there are sufficient skilled trained staff to provide clinical supervision of students.					
	EVIDENCE OF COMPLIANCE	1. Letter of appointment – Local Preceptor/ Clinical Instructor.				
		2. Memorandum of Understanding with training institution				
		3. Adequate number of clinical instructor to students				
		4. Qualification and training records of local preceptor				
	Facility Comments:					

SURVEY ITEM & SELF-ASSESSMENT					
<u>TOPIC 17E.3:</u>	<u>POLICIES AND PROCEDURES</u>				
<u>STANDARD</u> <u>17E.3.1</u>	<i>There are written and dated policies and procedures for all activities of the Audiology Services. These policies and procedures reflect current standards of audiology services and practice, relevant regulations, statutory requirements, and goals and objectives of the Audiology Services.</i>				
	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS		
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
17E.3.1.1 CORE	There are written policies and procedures for the Audiology Services which are consistent with the overall policies of the Facility, regulatory requirements and current standard practices. These policies and procedures are signed, authorised and dated.				
	There is a mechanism for and evidence of a periodic review at least once in every three years.				
	EVIDENCE OF COMPLIANCE	1. Documented policies and procedures for the service. This shall include but not limited to:			
		a) source of referral			
		b) clinical management guidelines			
		c) discharge care plan			
		d) prevention and control of infection			
		e) referral guidelines			
		2. Policies and procedures are consistent with regulatory requirements and current standard practices.			
		3. Evidence of periodic review of policies and procedures.			
		4. The policies and procedures are endorsed and dated.			
Facility Comments:					

	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS		
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
17E.3.1.2 CORE	Policies and procedures are developed by a committee in collaboration with staff, and where appropriate with other external service which include: a) care plan for each patient to achieve appropriate outcome; b) monitoring of the patient to assess the outcome of the care c) modifying the care plan when necessary; d) completing the care plan; e) discharge care plan and follow up; f) prevention and control of infection; g) referral guidelines; h) communication – within and outside the Audiology Services. Cross departmental collaboration is practised in developing relevant policies and procedures where applicable.				
	EVIDENCE OF COMPLIANCE	1. Minutes of committee meetings on development and revision on policies and procedures.			
		2. Minutes of meeting with evidence of cross reference with other departments			
		3. Documented cross departmental policies			
		4. Policies, Procedures, Protocols, Manuals and Guidelines are customised to meet the relevant needs and level of services.			
		5. Clinical documentation cover the following:			
		a) assessment leading to problem list and appropriate clinically reasoned ?? plan of treatment;			
		b) evidence of reviewing outcomes of intervention;			
		c) evidence of modification of treatment plan (as			
		d) evidence of discharge/transfer plan;			
		e) documentation of transfer of care;			
		f) original referral forms.			
		6. Care plan and discharge plan			
	Facility Comments:				
17E.3.1.3	There shall be a policy to address emergency resuscitation in the event of any life threatening situations and the Emergency Resuscitation Team can be alerted immediately, e.g. Code Blue.				

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	EVIDENCE OF COMPLIANCE	1. Policy for Code Blue within the service area					
		2. Flow chart and contact number of Code Blue made available and accessible.					
	Facility Comments:						
17E.3.1.4	Current policies and procedures are communicated to all staff.						
	EVIDENCE OF COMPLIANCE	1. Training and briefing on the current policies and procedures/Minutes of meetings					
		2. Circulation list and acknowledgement					
	Facility Comments:						
17E.3.1.5 CORE	There is evidence of compliance with relevant policies and procedures and standards of practice.						
	EVIDENCE OF COMPLIANCE	1. Compliance with policies and procedures through:					
		a) interview of staff on practices;					
		b) verify with observation on practices;					
		c) Record of care in patient's medical treatment record					
		d) practices in line with established policies and procedures.					
	Facility Comments:						
17E.3.1.6	All outpatients seeking consultation/treatment to the Audiology Services shall be referred by a medical practitioner.						

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	EVIDENCE OF COMPLIANCE	1. Facility policy on referral to allied health services by medical practitioner					
		2. Referral letter/referral form written by medical practitioner					
		3. All patients/clients are registered in the manual register book or electronic system					
		4. Patient's medical record					
	Facility Comments:						
17E.3.1.7	Copies of policies and procedures, protocols, guidelines, relevant Acts, Regulations, By-Laws and statutory requirements are accessible to staff.						
	EVIDENCE OF COMPLIANCE	1. Copies of policies and procedures, protocols, guidelines, relevant Acts, Regulations, By-Laws and statutory requirements ie: AHP act 774, Audiology Standard operating procedures(SOP) are accessible on site for staff reference.					
	Facility Comments:						

SURVEY ITEM & SELF-ASSESSMENT							
<u>TOPIC 17E.4:</u>		<u>FACILITIES AND EQUIPMENT</u>					
<u>STANDARD</u> <u>17E.4.1</u>		<i>Safe and adequate facilities and equipment are available for the delivery of effective audiology services and ensuring patient safety.</i>					
	CRITERIA FOR COMPLIANCE:			SELF RATING	SURVEYOR FINDINGS		
					AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
17E.4.1.1	There is appropriate access to the facility, adequate facilities and equipment with proper utilisation of space to enable staff to carry out their professional, teaching and administrative functions.						
	EVIDENCE OF COMPLIANCE	1. Adequate and proper utilisation of space.					
		2. Appropriate type of equipment to match the complexity of services.					
		3. Adequate facilities and equipment at patient care area for safe care (e.g. access to emergency cart, hand washing facilities, etc).					
		4. Easy access and clear exit routes					
		5. Absence of overcrowding					
	Facility Comments:						
17E.4.1.2	All audiometric booth and audiometers are to be certified by relevant companies registered under Department of Occupational Safety and Health (DOSH)						
	EVIDENCE OF COMPLIANCE	1. Equipment are placed in a planned and systematic manner as evidenced on site.					
		2. Certificate of room calibration by relevant company registered under Department of Occupational Safety and Health (DOSH)					
	Facility Comments:						

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17E.4.1.3	There is documented evidence that equipment complies with relevant national/international standards and current statutory requirements.					
		1. Testing, commissioning and calibration records (certificates or stickers)				
		2. Certification of equipment from certified bodies, e.g. Standards and Industrial Research Institute of Malaysia (SIRIM), etc as EVIDENCE OF COMPLIANCE to the relevant				
	Facility Comments:					
17E.4.1.4 CORE	There is evidence that the facility has a comprehensive maintenance programme such as predictive maintenance, planned preventive maintenance and calibration activities, to ensure the facilities and equipment are in good working order.					
	EVIDENCE OF COMPLIANCE	1. Planned Preventive Maintenance records such as schedule, stickers, etc.				
		2. Planned Replacement Programme where applicable				
		3. Complaint records				
		4. Asset inventory				
	Facility Comments:					
17E.4.1.5	Where specialised equipment is used, there is evidence that only staff who are trained and authorised by the Facility operate such equipment.					
	EVIDENCE OF COMPLIANCE	1. User training records				
		2. Competency assessment record				
		3. Letter of authorisation				
		4. List of staff trained and competent to operate specialised equipment				
	Facility Comments:					

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17E.4.1.6	Alarm system for emergencies appropriate to client needs shall be made available.					
	EVIDENCE OF COMPLIANCE	1. Emergency alert alarm system, i.e. mechanical and Code Blue is in place.	<input type="checkbox"/>			
	Facility Comments:					

SURVEY ITEM & SELF-ASSESSMENT					
TOPIC 17E.5: SAFETY AND PERFORMANCE IMPROVEMENT ACTIVITIES					
STANDARD 17E.5.1 <i>The Head of Audiology Services shall ensure the provision of quality performance with staff involvement in the continuous safety and performance improvement activities of the Audiology Services.</i>					
	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS	
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
17E.5.1.1	There are planned and systematic safety and performance improvement activities to monitor and evaluate the performance of the Audiology Services. The process includes: a) Planned activities b) Data collection c) Monitoring and evaluation of the performance d) Action plan for improvement e) Implementation of action plan f) Re-evaluation for improvement Innovation is advocated.				
	EVIDENCE OF COMPLIANCE	1. Planned performance improvement activities include (a) to 2. Records on performance improvement activities 3. Minutes of performance improvement meetings 4. Performance improvement studies. If available 5. Records on innovation if available			
	Facility Comments:				
17E.5.1.2	The Head of Audiology Services has assigned the responsibilities for planning, monitoring and managing safety and performance improvement to appropriate individual/personnel within the respective services.				
	EVIDENCE OF COMPLIANCE	1. Minutes of meetings 2. Letter of assignment of responsibilities 3. Job description			
	Facility Comments:				

	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS		
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
17E.5.1.3	The Head of the Audiology Services shall ensure that the staff are trained and complete incident reports which are promptly reported, investigated, discussed by the staff with learning objectives and forwarded to the Person In Charge (PIC) of the Facility.				
	Incidents reported have had Root Cause Analysis done and action taken within the agreed time frame to prevent recurrence.				
	EVIDENCE OF COMPLIANCE	1. System for incident reporting is in place, which include:			
		a) Training of staff			
		b) Policy on incident reporting			
		c) Methodology of incident reporting			
		d) Register/records of incidents			
		2. Completed incident reports			
		3. Root Cause Analysis			
		4. Corrective and preventive action plans			
		5. Remedial measure			
	6. Minutes of meetings				
	7. Acknowledgment by Head of Service and PIC/Hospital Director				
	8. Feedback given to staff regarding incident reporting.				
Facility Comments:					
17E.5.1.4 CORE	There is tracking and trending of specific performance indicators not limited to but at least two (2) of the following: A. percentage of new cases given appointment in audiology clinic following a referral within 45 days. (Target: ≥ 85%) B. Percentage of patients received hearing aid provision following the diagnosis of hearing loss within 8 weeks. (Target: ≥ 90%) C. Percentage of patients showing improved hearing ability within 3 months after hearing aid fitting. (Target ≥ 85%)				

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	EVIDENCE OF COMPLIANCE	1. Specific performance indicators monitored.				
		2. Records on tracking and trending analysis.				
		3. Remedial measures taken where appropriate.				
	Facility Comments:					
17E.5.1.5	Feedback on results of safety and performance improvement activities are regularly communicated to the staff.					
	EVIDENCE OF COMPLIANCE	1. Results on safety and performance improvement activities are accessible to staff.				
		2. Evidence of feedback via communication on results of performance improvement activities through continuing education activities/meetings.				
		3. Minutes of service/unit meetings				
	Facility Comments:					
17E.5.1.6	Appropriate documentation of safety and performance improvement activities is kept and confidentiality of medical practitioners, staff and patients is preserved.					
	EVIDENCE OF COMPLIANCE	1. Documentation on performance improvement activities and performance indicators.				
		2. Policy statement on anonymity on patients and providers involved in performance improvement activities.				
	Facility Comments:					

SERVICE SUMMARY	
SURVEYOR SUMMARY:	
OVERALL RATING:	
OVERALL RISK:	